

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			1st		2nd		
	IND.	DEF.	IND.	DEF.	IND.	DEF.		IND.	DEF.	IND.	DEF.	
1							61					
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TOTAL IND.	5						TOTAL IND.					
TOTAL DEF.	13						TOTAL DEF.					
TOTAL	18						TOTAL					